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ILEUS TREATED WITH COLD WATER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the 5th volume of the "Acta Regiæ Societatis Medicæ Hauniensis, 1818," (for the perusal of which I am indebted to you), I find a very interesting paper upon Ileus, by Dr. Brandis. The first sixteen pages are taken up with a description of the symptoms, enumeration of the causes, and exposition of the pathology of the disease. These contain very interesting matter, but would make my translation too long. His treatment of the disease is, to me, new, and has just now a peculiar value. I therefore offer you the concluding pages of Dr. Brandis's paper in which it is set forth.

"In the year 1794, whilst practising medicine at Brunswick, I was called to a patient then sick for the eleventh day with ileus, and who showed all the symptoms of instant death—low delirium, cold extremities, hiccough, Hippocratic countenance, &c., and upon whom several skilful physicians had in vain tried many remedies. One occurred to me, which Hoffman states that he saw Naboth use, but to which he himself was much opposed, only consenting to it from a desire not to appear too obstinate. In this case, successful beyond Hoffman's hopes, two cups of cold water having been given frequently during the day, the body and feet being first carefully covered, a profuse sweat and quiet sleep supervened, and all pain of the abdomen and vomiting ceased. Naboth states that, in a similar case, he had applied towels wet with cold water, with success. Ludovicus Septalius relates a like case; and more recently De Haen, the French physician Charasse, Gesner, Herz and Stoll, pursued this method; yet it has never been adopted into general practice. Van Swieten also relates the observations of English physicians who have successfully combated the disease by the free use of cold water to the feet and to the inguinal region, and who consider it a safe and certain remedy.

"In the case to which I was called, though considered desperate by many physicians, I did not hesitate to pursue very strictly Naboth's method. Towels dipped in ice water were applied externally, and ice water drank. After a few hours delirium ceased, and in twenty-four the extremities grew warm, the hiccough was less frequent, vomiting rare, and afterwards stopped. The bowels still remained bound, and all kinds of

glysters, cold and warm, and in great quantity, were given in vain; the appetite was almost null, only permitting animal gelatine with ice. I prescribed small doses of opium and decoction of Peruvian bark, iced. He remained thus for seven days, requesting the cold fomentations to the abdomen to prevent the vomiting, which returned if they were omitted. On the seventh day a copious diarrhœa set in, after which the fomentations were deemed unnecessary and discontinued. In fourteen days a nutritive diet, but cold, perfectly restored the patient to his former health.

"Encouraged by this happy and unexpected success, I placed great hopes in this method of treating ileus, nor have I been deceived. In nine cases, which it would be superfluous to relate at length, I applied cold applications to the abdomen—in the most delicate females as well as in stout men—and I always found the relief sure and speedy, without any unfavorable sequences. In a man 70 years of age, desperately ill on the eighth day of the disease, I applied icy fomentations over the whole abdomen. I found in the mean time a hernial tumor of the size of a filbert, hard, immovable, and but little protuberant, in the abdominal ring. The graver symptoms ceased after the fomentations were applied, and in time the intestinal canal resumed its functions; but an abscess formed between the abdominal muscles, whence a gangrenous portion of the omentum protruded. This, with the assistance of the knife, came away, the ulcer closed, and the patient got well.

"It was my fortune at Hanau, in 1814, to use this method, under the observation of Drs. Callisen and Ströna, and success in ten cases confirmed my opinion of it.

"A woman aged 22, the mother of two children, labored under menorrhagia, and at her terms was affected with spasms of the intestines, emesis and colicky pains. In the month of January of this year, having exposed her feet to cold about her menstrual period, the flux began, with spasms of the intestines, which in time became complete iliac passion. Not only were ingesta vomited, but even enemata of assafœtida. Cold extremities, a frequent, hard and small pulse, together with obstinate hiccough, betokened a fatal result. Being called to her on the sixth day, and finding her in this precarious situation, I first prescribed some tumblers of ice water and an anodyne of two parts of the essence of castor and one of laudanum. At the end of four hours these remedies seemed to have no effect—the anodyne was vomited up, and all the symptoms were now urgent. I now directed towels dipped in ice water, very often repeated, to the abdomen; thirty drops of the anodyne every hour. After six hours the vomiting returned but once, the hiccough was greatly diminished, the pulse less frequent, but full, and the extremities warm. The opiate now affected the brain, and was therefore discontinued until evening, when I again gave a dose. No enemata or other means of loosening the bowels were used, in order that the larger intestines might not be irritated into an anti-peristaltic action. This treatment was continued four days, when all bad symptoms were allayed. On the sixth, the bowels were loosened, and a mild yet free diarrhœa occurred.

The patient convalesced. For some weeks the lower limbs were partially paralyzed, but finally relieved by warm baths. (This paralysis I attribute rather to the affection of the pelvic organs, than to the cold fomentations.) The menstrual flux, after the use of myrrh and iron, appeared, without pain, and the patient now enjoys perfect health.

"I leave the method in which the cold acts, to be explained by each in his own way; but I do not doubt that the vital tone of the intestinal canal is restored by it, and the endeavors to eject matters from it therefore cease. With this view, benefit must not be expected from a mere momentary application of the cold, but its use must be protracted. I continued it for nine days in the first patient, urged to do so by himself from the relief it afforded; and in two others for thirty hours, without any harm. In many other cases of disturbed condition of the intestinal canal and painful peristaltic motion, I have used the remedy successfully. In the most horrible colicky pains, in my own person and in others, large draughts of cold water were a most efficacious and prompt relief, after trying opium and various other anodynes in vain. In dysentery without fever, copious drinks of cold water proved a remedy more successful than all others; and whilst I practised in Westphalia, it became of very popular use, as being readily obtained and highly beneficial."

Boston, October 7, 1847. W. E. C.

ON AMENORRHŒA AND MENORRHAGIA.

[Communicated for the Boston Medical and Surgical Journal.]

Amenorrhœa may be dependent upon a chlorotic state of the constitution; it more rarely is occasioned by the opposite state, plethora; the disease occurring under the two opposite conditions of the body, the *sthenic* and *asthenic*—and properly is of two kinds, *retention (emansio mensium)* and *suppression* of the menses—they constituting one disease.

In the treatment of amenorrhœa we must be guided by the cause which has induced it, as well as take into consideration the state of the system. If it depends on a chlorotic condition, the treatment for chlorosis will be indicated (vid. Boston Medical and Surgical Journal, vol. xxxvii., page 56); but if the patient is strong and plethoric, bloodletting will be indicated in some instances, and sanguinaria in nauseating doses, calomel, aloes and the warm hip bath will, if administered properly, re-establish the menstrual flow.

Under the term *menorrhagia* some writers include all sanguineous discharges and effusions from the unimpregnated uterus; others restrict the term to acute hæmorrhage from the uterine vessels, the discharge consisting of pure blood, which differs from immoderate flow of the menses in several important particulars. The literal meaning of the term leads us to apply it here to the inordinate flow of the catamenial discharge, and this happens under the two opposite states of the system referred to above, and comprehends the two forms of the disease, the *active* and the *passive* of authors. The symptoms are well known.

Here, as in amenorrhœa, the treatment must be governed by the condition of the patient, and the cause which occasioned the complaint. In asthenia the patient must be removed from all accidental circumstances that have a tendency to bring on or increase the disorder; such as masturbation, too frequent sexual intercourse, violent exercise and passions of the mind. Irritations, such as high living, wine, strong tea and coffee, warm rooms, costiveness which irritates the uterus, should all be avoided; and the patient be at rest, and mostly in the horizontal position, during the flow.

In cases of this kind cantharides are a powerful and efficient medicine. Combined with nux vomica, it is capable of relieving the patient in a short time. R. Tinc. cantharid., tinc. nux vomic., āā ʒ j. M. Dose, from thirty to sixty drops three times a-day in sugar and water; or the cantharides may be given alone, and it may be alternated by ten drop doses of the following—R. Alcohol, ſ ʒ v.; strychnia, gr. xx. M. Or the medicines may be administered in the form of pills. As soon as the flow has subsided, the tinc. ferri chlorid. can be conjoined with the other remedies with a view to its tonic qualities. This preparation of iron *per se* is an important remedy in menorrhagia. The best laxatives are the aloetic and saline. Astringents are rarely called for; the acetate of lead is the most to be relied on, though zinc, alum and kino are worthy of trial.

Cold to the abdomen is seldom demanded in this form of the disease. Opium, or some of its preparations, is often required to quiet irritation. When there has been coldness of the extremities, I have seen the following powder act advantageously. R. p. opi., gr. iv.; p. capsicum, gr. xviij.; p. camphor, gr. vj. M. et div. in chart no. vj. Give a powder every three or four hours.

When the disease depends on *organic affections*, it is not menorrhagia, it is uterine hemorrhage, and does not come within the scope of the present subject, though placed here by writers. The treatment will vary according as the case may be complicated with cancer, polypus, ulceration, &c. The organic disease must first be cured. If that be incurable, our prescriptions must aim at the violence of the symptoms. We shall often be successful in their mitigation, when without our aid the agony of the patient would be beyond description. Anodynes *per os* and *per vaginam* are our main reliance in instances like these. R. p. acet. plum., gr. xxiv.; p. opi., gr. xij.; ext. coni., q. s. M. Divide into six balls, one to be introduced into the vagina every six or twelve hours, for relief of pain and hemorrhage.

When menorrhagia occurs in a plethoric subject, bleeding from the arm, and cups to the loins, are highly useful. Next to bleeding, in importance, is calomel in full doses and saline cathartics. Rest in the recumbent posture should be secured, the antiphlogistic regimen strictly enjoined, cold to the abdomen, opium to quiet irritation, and if necessary the vagina may be plugged. If these fail, we may try lead and ergot, as they sometimes succeed when the others fail; so with astringent injections.

After giving the leading treatment of chlorosis, leucorrhœa and chlorotic aphtha, in former Nos. of this Journal, and of amenorrhœa and menorrhagia in the present No., and having so often alluded to the good effects of *cantharides* in these disorders, having placed them in the front rank of the remedies employed, it will be proper to say something more of the drug in concluding this paper, as I may not have opportunity to continue a series of articles on diseases of the genital organs which I at first contemplated doing—at least I shall not be able to resume the subject at present. I beg indulgence, therefore, while I say a few words respecting the *cantharides*. I do not claim for this drug any specific properties or power, but I do claim for it a more extensive use as an internal remedy than it has heretofore enjoyed—especially in those diseases of the genital organs dependent on debility of those parts, which include the disorders mentioned above, as well as eneuresis, gonorrhœa dormientium, anaphrodisia, cutaneous affections, and some diseases of the hair.

Cantharides have a "peculiar influence over the genital and urinary organs." This medicine likewise has *a decided effect upon the skin and mucous membrane;* and being a *stimulant*, it would seem well adapted to diseases dependent on debility of those organs. I suppose its diuretic property to depend on its stimulant power over the urinary organs. In leucorrhœa and gleet, it induces a new action on the diseased and relaxed membrane, arousing the enfeebled parts to a healthy action; so in irritable bladder, impotency, seminal emissions, &c. It stimulates the affected organs, for the drug is a stimulant, with a direct tendency to operate on certain parts or tissues. When treating of aphtha, I compared its action to that of the nitrate of silver when applied to the mucous membrane; and when I speak of its obtaining a new action, I refer to the same process to which it has a strong analogy, to which I would also compare its effects on the skin, there being yet a stronger analogy between the skin and mucous membrane, those organs bearing a close resemblance to each other in many important particulars. The remedy is very serviceable in diseases of the skin, and it is more deserving of the appellation of *alterative* than many of those drugs which have long occupied the high rank of deobstruents. It is good in baldness and falling off of the hair, and it is said to prevent the hair from turning gray. In all these instances its action must be that of a stimulant, so that after its good effects have become visible, *tonics* should be given to render them permanent. I give an example. I once attended a patient for incontinency of urine. The flies appeared to have cured her, but the complaint returned. The same remedy was resorted to; and when that was discontinued, iron was substituted, and the cure was permanent. The flies will stop the discharge in leucorrhœa; but to render the cure effectual it will be necessary to employ tonics to bring up the whole system to the point to which the diseased parts are stimulated by the drug. A misunderstanding in this particular is the reason why so many have been disappointed with cantharides—a correct view of the matter, is why a few have been so successful.

I have said but little more of the drug than has been said before—

but I am sensible that it deserves more reputation than it has ever attained, and I invite the attention of medical men to the subject.

September, 1847. CLAUDIAN.

CASES AT BELLEVUE HOSPITAL.—By an Assistant Physician.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As I promised, in a former article, to send you some of the most interesting cases in Bellevue, I have selected two or three, not having time, at present, to give a more detailed report. I shall give merely a history of each case, without saying anything of the treatment, as the patients have been under the charge of other Assistants than myself.

Mrs. D——— was born, of English parents, in 1815, on the sea. When five months of age, she was sent to Eton Hall, a short distance from Liverpool, to her aunt, who was housekeeper for the then Earl of Grosvenor, who has since received the title of Marquis of Westminster. She remained with her aunt until she was 19 years of age. At that time she went into the family of Baron Rothschild, as waiting maid for the Baroness, with whom she remained two years, most of which time was spent in travelling over Europe. She then returned to Eton Hall, and was married. Three years after her marriage she came to this country with her husband, and settled in Utica, N. Y. For some reason or other he did not succeed there, and they removed to Connecticut. In 1845 she separated from her husband, because, as she said, he treated her so badly. It appears he was a man in whom the animal propensities very much preponderated. She was the reverse, and rather delicate. They never had children, and the frequent and prolonged intercourse consequent with a man so very sensual, caused her to have severe vaginal and uterine leucorrhœa. The irritation in the vagina went to such an extent as to produce large, irritable ulcers. The effect of this was, they were unhappy, and she left him. Some time in the same year she came to New York, and making these circumstances known to Mr. Bartlett, the British Consul, was received into his family. While there, she had a severe attack of hæmatemesis, while waiting on a dinner party, which was checked by giving her a large quantity of ice cream. About this time an ulcer broke out on one of her lower extremities, for which she went to the City Hospital, in the early part of 1846, and remained there eight months. On the 3d of February, 1847, she was admitted at Bellevue, with the ulcer of the leg, which had broken out again. The day after admittance, in consequence of some disturbance in the ward, she had what I suspect was a hysteric fit, in which she vomited blood, and has occasionally had such fits ever since. About the last of the month she began to have severe pains in the left lumbar region, which she attributed to a fall she had had the previous October; and thinking they would pass away, she said nothing to her attending physician. In March, deep-seated matter was detected. The ulcers in the vagina were irritable, with no disposition to heal. The attending

physician endeavored to get rid of the tumor by promoting absorption, but it failed; and the last of May, it ulcerated through into the vagina and discharged considerably. This discharge continued until August, when it suddenly stopped, and she began to feel pain in her side again. Matter formed a second time, and a second time discharged through the vagina. About the first of September I took charge of her, and ordered an injection of solution of chloride of lime, half an ounce to the pint, to be thrown into the vagina; I also endeavored to throw it through the fistulous opening into the abscess, but was unable on account of the extreme irritability of the parts. I also put her upon tonics. I have never been able to examine her thoroughly with a speculum, but from the fact that unless she evacuates the bladder often, by means of a catheter, urine is passed through the vagina, I judge she has a vesico-vaginal fistula. Her abdomen is extremely tender, as much so as it would be in acute peritonitis, and she suffers excruciating pain most of the time unless under the influence of a large dose of morphine.

The Mexican soldier who had his larynx entirely shot away at the battle of Buena Vista, and upon whom some Mexican surgeon operated very successfully for tracheotomy, has been mentioned in your Journal. A French soldier died here this week of phthisis, in consequence of compression of the sternum, caused by a fracture at the lower third, together with the ribs attached. The fracture was caused by a blow from the breech of a musket. A *post-mortem* examination was intended, but the body was removed from the dead-house before it could be accomplished.

A girl, aged 15, has been here some months, suffering from ascites. She has been operated upon four or five times; each time about four gallons of fluid were evacuated. It was straw colored, smelt strongly of urea, and was highly albuminous. I mention this case because we seldom see ascites in patients so young.

In the ulcer wards I have a case of syphilitic periostitis of the sternum and anterior portion of the ribs. There seems to be a perforation through the sternum; fluctuation is distinctly felt, and at every expiration matter is forced through the opening. He also has fistula in ano. I am treating him with the liquor arsenicalis and compound decoction of sarsaparilla.

Post-mortem examinations are made at Bellevue whenever the physician who has attended the patient wishes it. I have made notes of but one, which I think interesting. This was a Coroner's case. A man was brought to Bellevue, who had fallen down stairs while laboring under an attack of delirium tremens. The examination was made by Dr. Holmes, Assistant Coroner, and Dr. N. Reynolds Davis, the gentleman who had attended the patient after he was brought into the Hospital. To the latter gentleman I am indebted for notes of the case.

Upon taking off the scalp, an effusion of blood under the left temporal muscle was found; and upon opening the head, a fracture of the left temporal bone was discovered at the anterior angle, extending to the cella tersica. Rupture of the meningeal artery at its base. Arachnoid

membrane much congested. Effusion of coagulable lymph between the arachnoid membrane and dura mater. Extensive effusion of sanguineous fluid into the ventricles of the brain.

I intend soon to send you some account of the hospitals on Blackwell's Island. G. H. K.

New York, October 1st, 1847.

MEDICAL ETHICS FOR PRACTITIONERS, AND FOR COLLEGES, OR "WHAT MAKES THE DIFFERENCE."—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

In a recent No. of this Journal (Vol. xxxvii., No. 2,) the writer, under the above caption, indulged in some general remarks, upon what he considered errors of omission if not of commission, in the very able report of the Committee on Medical Ethics, at the recent National Medical Convention in the city of Philadelphia. But general remarks, though of acknowledged truth, rarely incite to reform, and consequently it is only by directing the attention to individual evils that any movement towards improvement will be likely to be made.

The necessity of a thorough medical reform has been felt by *almost* every one, who has given any thought to the subject; and this feeling, instead of being confined to this country, prevails more or less extensively over the whole civilized world. "Medical Reform" has for years been almost a *standing caption* in the various medical periodicals of Europe, and in many cases the common public press has not been silent on the subject. A feeling of this necessity gave birth to the great French Medical Congress, assembled at Paris year before last; and it was a recognition of this necessity, that called into existence our own National Medical Convention and Association. Yet notwithstanding this uniformity of sentiment with regard to the necessity of reform, great diversity of opinion appears to prevail as to what shall constitute that reform; what changes shall be made to elevate the character of medical science, and make it to the utmost useful to humanity. Upon the first of these points, the writer is confident that little can be done by a National Association to advance the progress of discovery in our art, a work only to be performed by industry and genius, and belonging more properly to the province of individual effort; as is abundantly proved by the fact, that at no period in history has medical science advanced, scarcely with a tithe of the rapidity that it has during the first half of the nineteenth century. It is, however, the improvement of the intelligence of the great mass of the profession, that constitutes the needed reform; to stimulate to exertion, and to urge to enlightened observation, those who carry out and apply the art, for weal or for woe, to the public.

A general feeling has for some time prevailed among the laity of the medical profession, that whatever may have been the preparatory or even the professional education of a young man, if he neglects to continue those studies after he engages in practice; if he makes not each case that

falls under his observation, a problem to be clearly appreciated and intelligently worked out; if he bring not to his aid all the light that the period affords, and thus give his patients to the utmost the benefits of the science, he needs reform, and it is the object of the American Medical Association to meet the young medical practitioner at just this point—and where the college leaves him to buffet the world's tide unguided, to take him by the hand, guide his mind if ardent, urge it forward in the labors of the noblest of intellectual pursuits if inclined to indolence or "inglorious ease"; and thus, not only concentrating the talent and intelligence of the country, but by spreading it with equal hand over the whole extent of the land, produce real and beneficial reform.

Such a digression has appeared to the writer necessary to the free and intelligent discussion of the subject; and the first step towards effecting this desirable object of the great movement that has been made, and is making, is to establish a well-devised and consistent code of medical ethics, and the report already alluded to in a former No. (vol. xxxvii., No. 2), constitutes that system as adopted by the Convention for the then forming Association. Whether adapted to all the wants of the profession, or whether calculated to advance its interests or the great interests of humanity; whether suited to the manners, habits of thought, customs and institutions of our people, time alone can determine. It is now by conventional consent the medical law of the land; but, unlike the laws of the Medes and Persians, is subject of discussion, revision and change.

It will not be improper, therefore, to examine a few of the more important rules of this code, and to inquire whether some of them, borrowed from foreign systems, where perhaps they may have been suited to the existing state of society, and necessary to maintain the dignity and promote the usefulness of the profession, may not, under the present condition of our own social and political institutions, serve to depress, rather than to elevate its standing; and farther to show, as has heretofore been hinted, that real and permanent advancement in the progress of reform can only be made by a uniform application of such rules as the Association may eventually settle down upon, to every department of the profession.

The code, as adopted, gravely informs us that "It is derogatory to the dignity of the profession to resort to public advertisement, or private cards or handbills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis; promising radical cures; publishing cases and operations in the daily prints, or suffering such publications to be made, or inviting laymen to be present at operations; boasting of cures, and remedies; adducing certificates of skill and success, or any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a physician." (Chap. 2, §3, Code of Ethics, Proceedings of National Medical Convention, Philadelphia, May, 1847, p. 98.

The sentiment, and indeed the language, of this paragraph can scarcely be new to any medical man, all having read it *verbatim et literatim* from his professional infancy upward; and yet, upon a "sober

second thought," it is extremely questionable how far the opening proposition is founded in sound philosophical views of what constitutes real elevation of character, or what may be calculated to increase the dignity, advance the interests and extend the usefulness of the profession. Real dignity and true elevation of character can never be derogated by a simple and unassuming communication, offering our services to the public. The sign-board did this duty formerly, and did it perhaps well enough when the rapidity of locomotion had not become so great but what they (the generation that has scarcely passed) might run and read. But who, in these piping times of steam boats and rail roads—yea, more, of electro-magnetic telegraphs and animo-magnetic somnambulic revelations—thinks of stopping to read a sign-board, unless it be for the sake of an experiment, testing the capabilities of the occiput or precordia of some Okie or Davis, for the especial benefit of the long-eared aristocracy, who too frequently follow in the train of fashionable humbuggery, instead of that of the humble individual who may have placed it over his door.

The public press has become the great organ of communication between individuals and the masses, and so great has been its advancement towards the perfection of its mechanism, that it has swallowed up almost every other means. Why, then, should we abjure the aid of this "*lever of Archimedes?*" No other profession regards an announcement of the intentions or movements of its individual members as lowering their dignity or detracting from their merits. The attorney unhesitatingly informs us, by public advertisement, or private card, or both, of the locality of his office, and of the particular department of the profession to which he more exclusively devotes his attention; and even the divine, although not an exact parallel case, feels no diminished dignity on account of having it communicated to the public, through the foolishness of "public advertisement," where he intends at a specified time to preach the gospel. The press also maintains an almost unlimited influence over the public mind; and this influence it is presumption to despise, and worse than folly to brave unnecessarily. This great moral engine, though usually directed by men of general intelligence, is frequently in the hands of those ignorant of the subjects upon which they venture a dogmatic opinion, and upon no subject are they more liable to be deceived than that of medicine; and as emptiness is favorable to sound, it is a subject upon which they are apt to discourse the loudest and with the greatest confidence. This circumstance must have been observed by every one who has paid any attention to the subject; and the cunning and designing empiric has seized upon it to aid him in his impositions. Assisted by that good will which liberal patronage ever begets, strengthened by the coincident fact that medical men, wrapped in a mantle of false dignity, have ever stood aloof from the newspaper press, those impostors have carried almost the whole phalanx, with all its power and influence, in their favor. Thus do our daily prints present long articles, frequently written in a sprightly style, in favor of homœopathy, hydropathy, Brandrethism, Moffatism and Townsendism, which, while they are successful in gulling the ignorant, to the man of sense and in-

telligence would prove their authors worthy of a strait jacket, or a pair of long ears, did he not know that they have been bought with a liberal fee.

PARACELSUS.

October 7, 1847.

CASES OF POISONING BY ARSENIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following is at your disposal. On the 7th of June, 1847, Mrs. Rowell and daughter, then residing with Levi Pearce, of Goshen, were seized with vomiting immediately after taking breakfast. The daughter had been subject to sick turns, as she was suffering from phthisis of several years' standing. Mrs. Rowell's symptoms were vomiting, pain in the epigastrium, purging and white tongue. She was immediately relieved by pilulæ hydrarg. and morph., followed in a few hours by a cathartic. On the 8th, continued quiet; had taken light food, which set well on the stomach. Did not see her again, but learned, after her death, that the symptoms returned on the 9th, and continued until the morning of the 11th, when death put an end to her sufferings. No physician was called at the second attack. The symptoms of the daughter were less severe. No purging; bowels rather torpid, as usual from the use of opium, which attracted no unusual attention. After the death of her mother, she was removed to Levi Rowell's. I could not learn that Mrs. R. had taken anything to account for the symptoms, although very particular to inquire what she had taken for breakfast.

On the 18th August, was called to visit the daughter, now Mrs. Messer, who was expecting accouchement. Immediately after taking breakfast, of which I also partook, not exceeding twenty-five minutes, and some in much less time, all the family were seized with vomiting, most of them with severe burning pain at the epigastrium, followed by purging, and spasm of abdomen and extremities, extreme anxiety of countenance, and deadly paleness. All recovered in a few weeks, except Mrs. Abel, wife of Rev. Alfred Abel, who died on the fifth day, with symptoms of gastro-enteritis. When I rose from the table, I felt unwell, stepped to the door, and in a few minutes, being nauseated, walked twenty or thirty rods into the field which surrounded the house, and vomited the tea and a small quantity of bread which I had taken. Returned in about thirty minutes, and learned that they were all sick, five in number, had vomited, and were then in great distress. I exclaimed, we are poisoned; and inquired about the food we had eaten. The woman who had made the tea, brought the canister, and pointed to a powder in the bottom, the tea having been all used, and stated that considerable of it was mixed with the tea used for breakfast, which she supposed to be flour. I enveloped the powder in a paper and carried it home, together with some of the bread, and sent it to Prof. Hubbard, of Hanover, the same day, for analysis. The powder proved to be arsenious acid. Immediately on discovering our situation, suspecting the

poison to be arsenic, I took a dose of ipecac. myself, and gave it to the others, and directed them to keep up the vomiting with the ipecac. and mustard until the physician arrived whom I had sent for, residing about two miles distant. I ascertained by examination that the woman could be left with safety, as she had not partaken of our breakfast. I started for my residence at Newport, distant about five miles. Previous to starting, mixed about one drachm of carb. iron (sesqui-oxide), it being all I had, with flour of slippery elm, and took it then and on the way, which gave temporary relief. The vomiting returning, I called at a farmer's and drank two tumblers of milk, which remained on the stomach until I had rode two miles. Vomiting returning at intervals. On reaching home, I repeated the carb. iron in drachm doses, and drank copiously of slippery elm. Vomiting subsided after moving the bowels with enema, not being able to retain oil upon the stomach. Had palpitation on making exertion to move. Had quiet night.

Aug. 19th.—Headache; eyes injected and painful; tongue white; burning heat in skin; eruption about the neck and face; but little burning at the stomach; bowels moved with black draught.

20th.—Much better. Drove twelve miles. Tongue continued white for about ten days. Diet, elm tea, bread and milk.

Tenth day, considerable burning and pain at the epigastrium and right hypochondrium, increased on exercise. Cathartic of oleum ricini and carb. iron gave relief to the burning. This was taken several times the first twelve days. The bowels were torpid; the stools of a leaden color for about three weeks, when they gradually assumed a healthy character. Health completely restored in thirty days.

The tea was brought with Miss Rowell from Levi Pearce's. Her mother, who died in June, drank of the tea at the time of her first attack, which was repeated and produced the second. No design of poisoning is suspected in the last cases of the 18th of August. In those of June there are strong suspicions. An autopsy was had of the bodies of Mrs. A. and R. Although Mrs. Rowell had been dead nearly six weeks, the appearances of the two were so similar, and corresponded so nearly to those described by authors, that there could be no doubt death was occasioned by arsenic. The mucous coat of the stomach of Mrs. Rowell was observed to be pulpy and highly injected; the peritoneal coat very florid, increasing on exposure to the atmosphere. Near the pyloric extremity the appearance was thought to be that of ulceration. The stomach of Mrs. A. was much inflamed, as well as the duodenum. Peritoneal coat, like the former, quite florid. The odor referred to in a note by Dr. Griffith, Editor of Taylor's Medical Jurisprudence, was distinctly observed in both cases. THOS. SANBORN.

Newport, N. H., Oct. 12, 1847.

THE MEDICAL DEPARTMENT OF THE ARMY, AND THE EFFECTS OF MARCHING AND A CAMP LIFE IN PRODUCING AND MODIFYING DISEASE.

By W. B. Herrick, M.D. Professor of Anatomy in Rush Medical College, late Surg. 1st Regiment Illinois Volunteers.

In compliance with the solicitations of many friends, and with the view of satisfying to some extent, the desire manifested by our medical brethren for information concerning the medical department of our army in Mexico, we propose to lay before our readers, from time to time, such facts and remarks as we may deem most interesting and worthy of their attention.

As an introduction to our subject, we shall endeavor, at this time, to give a brief history of a surgeon's duties, as prescribed by army regulations, and to make a few remarks of a general character upon the effect of long marches and a camp life in producing and modifying disease.

With regard to the organization of the medical department, it may be stated that the Surgeon General, stationed at Washington, is charged with its administrative details, and has the control of all the officers belonging to it. He assigns the surgeons and assistant surgeons to regiments, posts, and stations, and all official communications from them are made direct to him.

The senior medical officer of every separate division of the army, in the capacity of medical director, inspects hospitals, sees that the necessary medicines are provided, and that the surgeons and assistant surgeons perform their duties and abide by the rules and regulations given for their government and direction.

The surgeon of a regiment, so far as his professional duties are concerned, obeys the instructions of the medical director, and is responsible to him for the order and neatness of his hospital, for the manner in which the assistants and attendants perform their duties, and for the comfort and proper treatment of the sick. It is his duty to keep, for the inspection of the medical director, a register, containing the names and rank of the sick under his charge, and, also, a prescription and diet book containing his written prescriptions and directions for every case.

It is the duty of the orderly sergeant of each company to make, to the surgeon, written morning reports of sick, and to see that those who are able, present themselves for inspection at time and place appointed by the surgeon. Every surgeon or assistant surgeon, having charge of sick, makes monthly reports to the medical director, and every one attending to the sick of a regiment, post or garrison, makes daily morning reports to the commanding officer, with such remarks and suggestions in relation to whatever may affect the health of the soldiers as he may deem necessary and proper.

With regard to personal observation and experience, it may be stated that the writer of this communication joined the division of the army under General Wool, at San Antonio, Texas, about the first of September, 1846, and was assigned to duty with the 1st Regiment Illinois volunteers, under the lamented Col. Hardin, about the 20th of the same

month, and continued with that regiment, for the most of the time, the only medical officer until the division joined the main army under Gen. Taylor, near Saltillo, about the first of January of the present year.

It appears from our monthly reports, that from the 20th of September to the 1st of October, the whole number of cases treated in the regiment—the mean strength of which was, at that time, about 800—was as follows :—

Remaining sick on the 20th, 30. Taken sick after the 20th and before the 1st of October—of miasmatic fever, 45; diarrhœa, 38; dysentery, 2; bronchitis, 20; pneumonia, 3; ulcers, 3; abscess, 3; cutaneous eruption, 4; fracture, 1—total, 119. Aggregate, 149.

It will appear, by comparing the above report for a part of September with those of other months which will follow, that the number of sick was much greater in proportion than at any period of time after, of the same length. Among the causes which conspired to produce a greater amount of sickness at this time than at any subsequent period, the following may be mentioned as, probably, among the most prolific. The men had then been in service but a short time, and were suffering temporarily, from a change of diet and habits consequent upon changing the pursuits of civil life, and the comforts of home, for the duties of soldiers and the exposures incidental to a camp life. It is well known, also, that about a month previous to this time, the 1st and 2d Illinois Regiments, soon after the measles had prevailed as an epidemic in their camp, made the march from the coast to San Antonio just at the close of the rainy season, under a scorching sun, and over plains covered, in many places, to the depth of two or three feet with water. The effect of this first long march was most disastrous. Many convalescent from measles had relapses; others contracted severe bronchial affections or diarrhœa, and all suffered more or less from exposure and fatigue.

The above is the only instance in which marching proved detrimental to health. At every subsequent period during the campaign, the number upon our sick report diminished most rapidly, during and immediately after a long march, and as certainly increased after remaining in camp for any length of time.

Upon referring again to our sick report for the month of September, it appears that the 149, which was the aggregate, as before stated, were disposed of as follows :—

Returned to duty, 95; left in General Hospital at San Antonio, 40; discharged from service, 5; died, 1; remaining on the sick list, but convalescent and able to march, 8.

It is a remarkable fact, that those of the sick who, in compliance with their own requests, were permitted to remain with the regiment and participate in the fatigues and exposures incidental to this long march, recovered more rapidly and were sooner able to return to duty than others apparently as well, but who were left behind in hospital.

It appears that of the 149 treated during the last ten days of September, 95 were returned to duty before the 1st of October, and previous to marching. Most of these were convalescent from the different diseases

above mentioned, who had been recovering but slowly whilst they remained still and quiet in camp, yet after a few days march, they improved most rapidly, and after a week or two were able to perform a day's march with as much ease, apparently, as others. Protracted diarrhœa and bronchial affections, which had yielded but slowly under the most approved modes of treatment in camp and hospital, were apparently cured without medicine, by active exercise in the open air.

These facts, as it appears to us, show that the advantages to be derived from this kind of treatment have been, in general, underrated by practitioners. From observing, during the past year, the salutary effects of long marches in preventing and curing disease, we have become convinced that moderate and even active exercise in the open air, without medicine, is more beneficial in many diseases than the most approved therapeutic remedies administered to patients inactive and confined in badly-ventilated apartments. By comparing the following report for the month of October, during which we were, for the most of the time, on the march from San Antonio to Monclova, with that previously given of the last ten days of September spent in camp, we find the difference in the number of cures most remarkable.

As before stated, eight remained sick the 30th of September. During the month of October the number added was as follows:—

Cases of intermittent fever, 48; remittent fever, 41; diarrhœa, 42; mumps, 4; bronchitis, 4; sprains, 4; neuralgia, 1; inflamed testis, 1; ophthalmia, 1; scorbutis, 1—total, 147.

Aggregate, 155. These cases were disposed of during the month as follows:—

Returned to duty, 119; sent to hospital, 10; remaining sick, 10; convalescent, 16.

Thus it appears that the whole number taken sick during all of October was but 147, making 49 the proportion for ten days, whilst on the march; and 119 for the same length of time in September whilst in camp.

The importance of keeping an army constantly moving in order to secure the health of soldiers, is made still more apparent by referring to our report for January, made soon after we had joined General Taylor's advance near Saltillo, after having performed the almost unprecedentedly rapid and long march of about 1000 miles.

Taken sick during the month—of intermittent fever, 11; remittent fever, 23; diarrhœa, 9; constipation, 10; hepatic disease, 1; bronchitis, 4; pneumonia, 1; laryngitis, 1; syphilis, 1; abscess, 4; ulcers, 3; fracture 1; rheumatism, 1; tumors, 6; scorbutis, 3; fistula in ano, 1; anasarca, 1—total, 81.

From the above statement it appears that the number taken sick during the month of January, as compared with September, was as 1 to 4, nearly; and as compared with October, as 1 to 1.7.

That the health-preserving influence of a long march is very great, is made quite apparent by this comparison of some of our monthly reports. Still, however, the statement, as made above, falls far short of exhibiting

the full extent of its beneficial effects; for during a part of the months both of October and January, we were in camp, and consequently not experiencing, during the whole time, the beneficial effects of the march.

The comparison of some of our daily morning reports, exhibiting the number of cases treated from day to day whilst in camp, with others made during some of our long marches, being free from the above objection, and therefore more strictly in accordance with facts, exhibits a still more remarkable difference.

From the 1st to the 10th of November inclusive, during which time we remained in camp, at Monclova, our daily morning report ranged from 19 to 32, averaging about 25 for each day. From the 18th to the 25th of December, on the other hand, whilst performing the rapid march from Panas to Saltillo, our morning reports ranged from 6 to 11, averaging about 9 per day.

The comparison of our monthly reports, for reasons before stated, makes the difference appear less than it really was. On the contrary, our morning reports whilst in camp, compared with those made upon the march, make it greater than the facts will justify, as it was our practice, upon starting on a long march, to leave our worst cases behind in hospitals. In accordance with this practice, 11 of the worst cases in our regiment were left at Monclova when we left there for Panas, and 9 at Panas when we left there for Saltillo.

After making all these allowances, and even admitting that the whole number left behind in hospital would have remained upon the sick report during the march, had they continued on with the regiment, and still it will be seen that the amount of sickness whilst upon the march would have been nearly 100 per cent. less than when in camp.

The preceding facts, as it appears to us, show that the difference in the amount of sickness occurring in camp and upon the march, is so great as to make it a matter of vital importance to our army, as well as a subject of interest to the profession.

As to the causes of this great difference, we may remark that the simple diet used upon the march, being less stimulating and irritating than the mixed food more readily obtained in camp, had a less tendency to produce diarrhœa and dysentery. The air, too, in and around large encampments, becomes, after a time, vitiated, and tends really, no doubt, to the production of miasmatic and other diseases. But, above all, inactivity, both of body and mind, produces lassitude and general debility.

Our remarks upon the above subject have already extended too far, perhaps, to be profitable to our readers; we shall, therefore, close for the present, remarking, in conclusion, that it is our intention to lay before them in the next No. of our Journal, a brief history of some of the most important cases that have occurred under our observation; and also a short account of our surgical experience during and after the battle of Buena Vista.—*Illinois and Indiana Med. and Surg. Jour.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 20, 1847.

The Yellow Fever in New Orleans.—The latest accounts from New Orleans represent the fever as abating. The following brief notice of the epidemic, from the September number of the New Orleans Medical and Surgical Journal, doubtless gives a correct representation of its extent at the time it was written, although some abatement would seem to have taken place sooner than was anticipated by the writer.

"The present number of our Journal is sent forth under the harassing cares and painful anxieties of a severe epidemic of our city's great scourge, *Yellow Fever*. Since the commencement of this Journal, we have had to announce the prevalence of yellow fever upon two separate occasions, viz., in 1844 and 1846, but never before as an *epidemic*, in our September number. In our last we alluded to the prevailing apprehensions and flying reports on the subject, but stated that there had been no well-marked case of yellow fever in the city. Very soon after we went to press the disease actually made its appearance in different parts of the city, about the same time, and the cases have steadily increased ever since, until the present moment, when it completely engrosses the attention of the community. As is generally the case, the rumors which go abroad respecting the amount of sickness are greatly exaggerated, but we would not disguise the fact that the sickness is already great, and constantly increasing. Nor can we hope for any material mitigation until the appearance of *frost*. It is yet a long period, shadowed with the most gloomy forebodings, in which the pestilence may be expected to reign over our devoted city, and none knoweth who shall survive to tell the tale of sorrow, affliction and death.

"A general epidemic of fever has hardly ever been known to prevail in our city at so early a period as at present. We have endeavored to trace the commencement and gradual spread of what is called *yellow fever*, as carefully as possible, and have collected some facts and memoranda which we think will tend to throw light upon the subject, but they must be reserved for a future occasion, as our engagements will not allow us to dilate on them at present. So far as we have been able to ascertain, there has been no connection whatever between the first well-marked cases that occurred; one happening in one place, and another quite distant. Within a week after the first man died with black vomit at the Charity Hospital, cases were occurring in all parts of the city."

"As usual, the lower class of society has suffered first, and to the greatest extent. When the deaths from the fever at the Charity Hospital amounted to from 8 to 15 a day, but few physicians had more than four or five cases under treatment in private practice. It has been remarked that there have been more cases than usual among negroes, but the disease is evidently lighter among them than the whites. It is worthy of remark that every form and grade of summer fever may be seen in our city at the present time—as mild intermittent and remittent fever, dysentery, mild and grave yellow fever, and congestive or pernicious intermittent, sometimes

terminating fatally in the second chill. All these forms of fever may occasionally be seen *blended or running into each other*—the milder into the grave, and *vice versa.*"

Chemistry in the University of Pennsylvania.—Who will be elevated to the professorship vacated by Dr. Hare? is the often-repeated question. No secondary man could sustain himself at a post where the inventor of the double blowpipe has taught with distinguished ability thirty consecutive years. Who are the chemists of the day, fitted by study and practice, to stand up in that forum, and explain the laws of the material universe, with that grace, tact, and unquestionable learning, which should be united in Dr. Hare's successor? Pennsylvania University should have a brilliant, learned, agreeable professor of chemistry. Sad as the fact is, it is none the less true, that chemistry is not, and has not been, in the schools of medicine, what it should be—the important branch of a medical education. Hundreds of anatomists or surgeons are at hand; but when a chemist is required, fitted for professorial services, the candidates are scarce. To be young, is about as much of a misfortune, in these days, as it was when Wm. Pitt was a youth: it was thought then, as it is now, that a man must be an antique, must be gray headed, or wear a horse-hair wig, or walk on crutches, before he has the appropriate qualifications for being a public teacher. When will trustees and corporations deliberate and decide respecting appointments, upon common-sense principles?

Should the inquiry arise, why we take an interest in the character of a professorship so remote from New England, it is only necessary to remark, in answer, that the medical department of the University of Pennsylvania has been upheld by great names from its first organization; and it is solely a feeling of national pride in the splendid career of the ancestral school of medical science on the continent of America, that leads to these expressions of solicitude for its future progress and dignity.

Medical College of Ohio.—One of the oldest public institutions of the State of Ohio, is the medical college. It has maintained a good and growing reputation, from small beginnings, till the odor of its good name is extensively diffused over the prairies of the West. A preliminary series of lectures, without charge, is given by the professors, to those who matriculate. We can assure those who are not familiar with the College, that the buildings, cabinets, library, hospital, &c., are excellent, for we have examined them all—and Cincinnati is a delightful, hospitable city, rightly christened the Queen of the West.

Indiana Medical College.—A prospectus of the coming course of medical lectures at Laporte University, indicates a spirited effort on the part of the Faculty to meet the high expectations of the public. Educated practitioners are needed at the West, to take the places of those hosts of charlatans, who obtrude themselves into new settlements, and who pass for current coin till contrasted with educated men. Nineteen students were admitted to the doctorate at the last commencement of the institution. In connection with the school of medicine, is the North-western Academy of the Natural and Medical Sciences, which opens a new field for the exer-

cise of active, cultivated minds. Dr. Shipman exerts all the energies of his active mind, sustained and cheered by professional associates, all ambitious to raise the College to a distinguished position—and it would be a phenomenon in the history of medical enterprise, if their efforts should not succeed.

American Medical Almanac.—For several years we were the constructor of a publication with this title. If our publisher should feel himself aggrieved by Messrs. Lindsay & Blakiston, of Philadelphia, copying the name and general arrrangements of our Almanac, we should feel bound to strengthen his hands, provided he paid the old score of two years' services still due, for literary labor on a work that was well received by the public, but which was a dead loss to our humble self, the editor. Who the compiler of this Almanac is, remains to be ascertained. There is nothing original, as already intimated, in the design or matter, although it constitutes a very convenient and excellent table book of reference, in regard to everything pertaining to the medical institutions of this country. Experience has shown that medical almanacs cannot be depended upon, like other periodicals, as property yielding a satisfactory profit. It would be extremely gratifying, however, to learn that this receives such substantial patronage as to insure its continuation, from year to year, through coming generations.

Large Tumor.—Dr. Townsend, Sen., of this city, removed a tumor from a lady's shoulder, in a neighboring town, last week, which weighed five pounds and twelve ounces. Dr. Townsend is not only a very expert, but a very successful, operator.

Professorship of Insanity.—We are gratified to learn that a Professorship of Insanity has been established at one Medical School. The Willoughby University, Columbus, Ohio, has appointed Samuel M. Smith, M.D., Professor of Medical Jurisprudence and Insanity. We think there should be a distinct course of lectures on mental maladies, at every medical school. Dr. Smith has some practical knowledge of insanity, having been an Assistant Physician at the Ohio Lunatic Asylum for several years.—*American Journal of Insanity.*

To CORRESPONDENTS.—Dr. Strong's Dissertation on Typhus Fever, Dr. Castle on the Pathology of the Teeth, and Dr. Mitchell's remarks on the Lungs, have been received.

The Medical Statistics, alluded to by our correspondent in Missouri, will be very acceptable.

MARRIED.—Wm. E. Townsend, M.D., of Boston, to Miss Ellen E. Britton.—At Portland, Me., Gilman Davis, M.D., to Miss F. M. Jordan.—Ethan A. Barrow, M.D., of Webster, Mass., to Miss C. U. Fuller.

DIED.—In Boston, Dr. Wm. Carrington, of Colebrook, Conn., 43.—At Peacham, Vt., Dr. G. W. Cobb, a highly-esteemed physician, 36.—In Baltimore, Dr. Richard Wilmot Hall, Prof. of Obstetrics and Medical Jurisprudence in the University of Maryland.—At Mason, Ohio, Dr. Jonathan Holcomb, a native of Sheffield, Mass., 85.

Report of Deaths in Boston—for the week ending Oct. 16th, 87.—Males, 53—females, 34.—Stillborn, 2. Of consumption, 5—typhus fever, 14—disease of the bowels, 12—dysentery, 28—nervous fever, 1—scald, 1—debility, 3—murdered, 1—apoplexy, 1—inflammation of the lungs, 1—suicide, 1—tumor, 1—drowned, 3—infantile, 4—old age, 3—smallpox, 1—accidental, 1—pleurisy, 1—disease of the lungs, 1—measles, 1—paralysis, 2—teething, 2.

Under 5 years, 33—between 5 and 20 years, 11—between 20 and 40 years, 23—between 40 and 60 years, 9—over 60 years, 11.

Professor P. F. Eve, of Augusta, Geo., editor of the Southern Medical and Surgical Journal, writes from Paris to his colleagues, as follows, respecting a distressing case of epilepsy which has long proved to him a severe domestic affliction.

"*Epilepsy.*—You are aware that it is a case of this affection that has brought me here, and which supervened upon premature delivery. I had come to Paris to consult Professors Velpeau, Rostan and Trousseau, and have already accomplished my object. The latter gentleman could not, because of previous engagements, meet at the consultation, and therefore made his visit alone. After obtaining a history of the case, which is briefly this—the first attack of convulsions coming on about three weeks after the premature accouchement, then the second about the end of the same interval, with subsequent recurrences varying from four to nine weeks—a permanent pain in the head, which has never yet been entirely relieved—failure of all medication, as nitrate of silver, oxide of silver, arsenic, quinine, valerianate of zinc, hydriodate of potash, active purgation, ptyalism, seton to the neck, issues to the arm and leg, cold affusion to the head, diet, narcotics of various kinds, &c., &c., visit to the Madison Springs, Saratoga Springs, travelling, a sea voyage of thirty days—nothing as yet having interrupted the attacks, Prof. Trousseau recommended one medical and one surgical means—the powder of the root or leaves of *belladonna* in small regulated and guarded doses for several months, and *ligatures to the primitive carotids.* He was aware the latter proposition would not be sanctioned by the profession, but he repeatedly said were it his own son affected with epilepsy, he would not hesitate a moment to ligate these arteries. We do not know what this disease is, he remarked, and so profound a change in the nutrition of the brain would be produced by closure of the carotids, that I know no means in this affection more available, or which promises as much as their ligation. Prof. Rostan assumed, in the consultation with Prof. Velpeau, the management of the case. The plan, agreed upon by them, consisted in prolonged sedative baths to the skin, hot pediluvia, with cold stream of water to the head, regulation of the bowels, and the powdered root of belladonna. There being no hereditary tendency in this case, and no permanent external symptom of disease in the brain, they all think, by great care and perseverance in the treatment, that it will be cured. They consider it a severe one, especially on account of its persistence, now sixteen months; and that it is cephalic, and not now dependent on the uterus. Each of the above-named gentlemen utterly refused any compensation for his services in this case."

GENEVA MEDICAL COLLEGE.

THE annual Course of Lectures at this Institution will commence on the first Tuesday of October next, and continue sixteen weeks.

Institutes and Practice of Medicine, by AUSTIN FLINT, M.D.
Anatomy and Physiology, by JAMES WEBSTER, M.D.
Obstetrics and Medical Jurisprudence, by C. B. COVENTRY, M.D.
Chemistry and Pharmacy, by JAMES HADLEY, M.D.
Principles and Practice of Surgery, by F. H. HAMILTON, M.D.
General Pathology and Materia Medica, by CHARLES A. LEE, M.D.

The fees for the Course, $62. Matriculation fee, $3. Boarding, including the expenses of room, fuel and light, from $1,50 to $2,25 per week.

A Surgical and Medical Clinique is held daily through the course, at which a great variety of cases and operations are presented. The cabinet of Materia Medica is complete; and the Pathological department has been enriched by recent purchases at home and abroad. The most ample material for dissection will be supplied at all times at a reasonable rate.

New York, July 12, 1847. July21—eptO21 CHARLES A. LEE, *Dean.*

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